PATENT APPLICATION FEE DETERMINATION RECORD Effective December 8, 2004 10 500,705												5
CLAIMS AS FILED - PART I (Column 1) (Column 2)								SMALL!	ENTITY	OR		R THAN ENTITY
TOTAL CLAIMS								RATE	FEE	7	RATE	FEE
FOR			NUMBER FILED		NUMBER EXTRA		ĺ	BASIÇ FE	E 150.00	OR		
TOTAL CHARGEABLE CLAIMS			minus 20=		•			X\$ 25=	:	OR	X\$50=	
INDEPENDENT CLAIMS			minus 3 =		*			X100=		OR	X200=	
M	JLTIPLE DEPE	NDENT CLAIM P	RESENT					+180=	1	ΟŔ		
*If the difference in column 1 is less than zero, enter "0" in column						column 2	ł	TOTAL		OR		
1	CLAIMS AS AMENDED - PART II (Column 1) (Column 2) (Column 3)							SMALL	ENTITY	OR.	OTHER SMALL	
AMENDMENT A		CLAIMS REMAINING AFTER AMENDMENT		HIGHE NUME PREVIO PAID F	ST ER USLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total	· 10	Minus	-03	0	= /		X\$ 25=		OR	X\$50=	
	Independent	NTATION OF MI	Minus	PENDENT	B.	= /		X100=		OR	X200=	
<u> </u>	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM						.	±180=		OR.	+360=	
							,	TOTAL		OR	TOTAL ADDIT, FEE	
_		(Column 1)		(Colum		(Column 3)						
AMENDMENT B		CLAIMS REMAINING AFTER AMENDMENT		HIGHE NUMB PREVIOU PAID F	ER USLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total	*	Minus	** ,		=		X\$ 25=		OR	X\$50=	
	Independent	* NTATION OF MU	Minus	SAIDENT A	CI AMA	- []		X100=		OR	X200=	
	THIOTPHEOL	MATION OF MO	CHI DE DEF	LIDEITI	CONIVI		' [+180=		OR	+360= .	
							A	TOTAL DDIT. FEE		OR ,	TOTAL ADDIT. FEE	
_		(Column 1)		(Colum		(Column 3)	1.	,	•			1
AMENDMENT C		CLAIMS REMAINING AFTER AMENDMENT		HIGHE NUMBI PREVIOL PAID FI	ER JSLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total	•	Minus	¢¢.		e		X\$ 25=		OR	X\$50=	
	Independent	<u> </u>	Minus	***		=	l	X100=		OR	X200=	\dashv
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM												
* If the entry in column 1 is less than the entry in column 2, write "0" in column 3. **If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter 20." **OPT SEE												
***	f the "Highest Nu	mber Previously Paid ber Previously Paid	d For IN THIS	S SPACE IS	less than	3, enter "3."		DDIT. FEE		. ^	DDIT: FEE l Imn 1.	
							٠		•			

Application or Docket Number